## Nebraska Gamblers Assistance Program GAP DATA AT DISCHARGE – Gambler Client

Your answers are confidential. Thank you.

Agency Name: Date:			
CLIENT DOB:/		CLIENT ID:	
If your goal for GAP treatment was to quit gambling,		□ Yes	
were you successful in meeting your goal?		□ No	
If your goal for GAP treatment was to gamble responsibly, were you successful in meeting your goal?		☐ Yes ☐ No	
responsibly, were you successful in meeting your goal?		L INO	
What is the <b>primary</b> reason you are ending counseling? (Select ONE)		<ul><li>☐ I want to gamble without limits</li><li>☐ I met my goals for treatment</li><li>☐ I gamble responsibly now</li></ul>	
How many hourly sessions did you complete before you		□ 1-6	□ 13 - 21
knew counseling would help you?		□ 7 - 12	□ 21 +
Did you attend any self-help support groups for people with a gambling problem during counseling?		□ Yes □ No	
Are you interested in finding a self-help support group to help you after counseling has ended?		□ Yes □ No	
Did you request or participate in any telehealth counseling sessions with your counselor?		□ Yes	□ No
Do you feel that your counseling met your needs?		□ Yes	□ No
Will you return to counseling if gambling becomes a problem for you again?		□ Yes	□ No
The following questions ask you to compare your life situation when you started counseling and your life today:			
How would you describe your <b>gambling</b> today compared to when you started counseling?	□ Lower	r □ No change □ H	Higher □ Not gambling at all
How would you describe your <b>financial status</b> today compared to when you started counseling?	□ Worse □ No change □ Better		
How would you describe the relationship with your family and friends today compared to when you started counseling?	□ Worse	e □ No change □ l	Better

## THIS PAGE TO BE COMPLETED BY THE COUNSELOR

End of counseling date://	Date last seen://		
Client has had how many hourly counseling sessions?			
Date client began long-term counseling?			
End of counseling status:  Counseling complete – agency decision Counseling complete – client decision Counseling complete – agency and client decision Partial completion – agency decision Partial completion – client decision Client inaccessible Referred to different counselor or agency. Client in			
DSM 5 Score:			
0     1     2     3     4       5     6     7     8     9			
(DSM 5 score must match level of gambling severity.)			
Counselor's rationale for client's status resp	oonse:		
DISCHARGE FORM REVIEWED BY COUNSEL and date below):	OR FOR COMPLETENESS (please sign		
DISCHARGE FORM REVIEWED BY COUNSEL and date below):	OR FOR COMPLETENESS (please sign		